

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24491**

FILED AUG 7 - 1953

BIRTH NO. **190** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5453** Registrar's No. **707**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Brookline Twsp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Brookline Twsp	
c. LENGTH OF STAY (In this place) 30 years		d. STREET ADDRESS (If rural, give location) Route 1, Brookline	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1 Brookline		4. DATE OF DEATH (Month) (Day) (Year) July 31 1953	
3. NAME OF DECEASED (Type or Print) a. (First) ORPHA		b. (Middle) LEE	
c. (Last) HAYNIE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
5. SEX Female	6. COLOR OR RACE White	8. DATE OF BIRTH March 12, 1885	9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Greene Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME S. Haynie	
13b. MOTHER'S MAIDEN NAME Mary Redfearn		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Kennedy, Brookline, Missouri		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastric Hemorrhage	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Oct , 1951, to July , 1953, that I last saw the deceased alive on 28 July , 1953, and that death occurred at 9:30A m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Stanley J. Peterson M.D.		23b. ADDRESS Springfield, Missouri	
23c. DATE SIGNED 1 Aug 53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE August 2, 1953		24c. NAME OF CEMETERY OR CREMATORY Veakley Chapel Cemetery	
24d. LOCATION (City, town, or county) (State) West, of Springfield, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Alma Lammeyer, Springfield, Mo	
DATE REC'D BY LOCAL REG. 8-1-53		REGISTRAR'S SIGNATURE Edith Williamson	
ADDRESS		ADDRESS Springfield, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.